TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and can carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. Den Mewman

0846			CERTI	IFICATE	OF DEATH				084	151	
1. PLACE OF DEATH	Garrett C	0 .			2. USUAL RESIDENCE (Where dec			nce before	e odmissi	on)
o. COUNTY	OAKLAND		MA	RYLAND	o. STATE MARY	TAND	b. CO		RRET	T	
b. CITY OR TOWN	(If outside corporate limits and give neorest town)	,	c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (If ou	ıtside corp	orote limits, write R	URAL ond giv	e neores	t town)	
WILLS KOKAL OF	id give neorest town)		5 DAYS	18 HR	S FRIE	NDSV	ILE. Md.		11	- 1	
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	t in hospitol, gi	ve street oddress)		d. STREET ADDRESS					e. IS RESI ON A F	DENCE
GARRETT	CO. MEMORIA	L HOSP	ITAL		ROUTE	#1 B	OX # 19				NOX
3. NAME OF	Fir	st	Middle		Lost	4. DATI	E Mo	nth	Doy	Ye	ar
(Type or print)	VIRG:	Œ	MARTHA	1	BEAVER	DEAT	тн Л	INE	6	19	66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	IED B	DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER		IF UNDE	R 24 HR
FEMALE	WHITE	WIDOWED	DIVORC	ED 🔲	5/28/96		70 yrs.	Months	Doys	Hours	Min.
10o. USUAL OCCUPATIO during most of working Housev 13. FATHER'S NAME			ID OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County SMTTHERS 14. MOTHER'S MAIDEN	, WES		1 (1	ITIZEN OF DUNTRY?		٨
To trivilla birding	JOHN W. TU	JCKER		900	SHARA		MOR.R.				
IS WAS DECEASED EV	'ER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.		IFORMANT			ress		-	-
(Yes, no, or unknown)	(If yes give wor or dotes o		o cirte seconiii.		"SON"						
Conditions, if on rise to immedia stating the und last.	te couse (o), erlying couse DUE	(b) (c) (c)	DEATH RUT NOT P	SULTED TO THE	TA FEE	ADITION G	IVEN IN DAPT 1(a)		119	TIIA ZAW	VZQO
(ATION										WAS AUT PERFORM S	NO [
OR CONTRIBUTING	AS UNDERLYING GC CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DES	CKIRE HOM INJURY	OCCURRED. (I	Enter noture of injury in	Port I or I	off II of item (B.)				
20c. TIME OF IN. Hour o	JURY Month, Doy, Yeor .m. 19	20d. IN While of work	JURY OCCURRED Not While of work		E OF INJURY (Home, form ry, street, office bldg., etc.)		. (City or town)	(Cc	ounty)		(Stote)
21. I cert	ify that (I) (this hos deceased olive on	pital) attend	ed the deceose	d from , and thot	death accurred at	7:40F	, to ⊇M, from cause	, 19 s and an	, th	at (1) (state	we) la
22o. SIGNATURI	Mua	ua		M.D	11113.	MED. DIRECTOR	STAFF PHYS.	22b. [DATE SIGN	ED LU (6
22c. PHYSICIAN' NAME (Typ	A.E. MANCE	MD.			22d. ADDRESS	OAKL	ND, MARY	LAND	/		
230. BURIAL, CREMATI REMOVAL (Specif	10N, 23b. DATE THE	REOF	23c. NAME OF CE		REMATORY e Cemeter		LOCATION (City or I		(County	,	otote) WV.
24. FUNERAL DIRECT			ADDRESS			BY REGI	STRAR 2Sb.	REGISTRAR'S	SIGNATUR	E	
Non An	(mamery)	Gra	ntsvill	e. Mo	DATE	NI	4 1966	gelias	LES ,	Judg	L.

Grantsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

118452

e. IS RESIDENCE ON A FARM?

YES

Dov

Doys

12. CITIZEN OF WHAT

COUNTRY?

Oakland

(County)

22b. DATE SIGNED

(County)

Maryland

25b. REGISTRAR'S SIGNATURE

X NO

Year

U. S. A.

Hours

Star Route

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

. 19 66 that (I) (we) last

NO

(Stote)

(Stote)

b. COUNTY

Month

Months

June AGE (In years

Fradlock

Browning

(City or town)

PHYS.

23d. LOCATION (City or Town)

Maryland

Oakland.

Address

lost birthdoy)

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY illed in by many papers. Pages 1 are 72 haurs after d Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 30 days-5 hrs Oakland Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS Garrett County Memorial Hospital 3. NAME OF Lost 4. DATE DECEASED OF navis Browning John (Type or print) DEATH SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED Male White WIDOWED DIVORCED August 20. 7907 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Garrett Co., Maryland Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Browning Emma 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Wilhelmma no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this haspital)/attended the deceased fram 19 66, and that death accurred at 2:15 My fram causes and an the date stated above. saw the deceased alive an 24 /cull 22o. SIGNATURE MED M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S

10 HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending 'O FUNERAL DIRECTOR: After director, page shauld be filed

VR A15 (4) 20 M 1/66

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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REMOVAL (Specify) Oakland Cemetery Oakland ADDRESS 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

NAME (Type) Dr. A. E. Mance

23b. DATE THEREOF

23o. BURIAL, CREMATION

a further resident which each district The state of the s

M

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0846	3		CERT	IFICATE	OF DEATH			(1845	53
	PLACE OF DEATH					2. USUAL RESIDENCE (ion: Residence b	efore odmi	ission)
	o. COUNTY Gas	rrett		M	ARYLAND	o. STATE West	, Virgi	nia b. (00	NTY Gran	t	
	b. CITY OR TOWN (If outside corporate limit	s,	c. LENGTH OF STA	V IN 1b	c. CITY OR TOWN (If ou	itside corporat	e limits, write RU	RAL and give ne	orest town	1)
		d give nearest town)		1 day	1 Hr.	Tunn	elton			15 -	3
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in haspital, g	ive street address)		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
(Garrett (County Memo	rial Ho	spital		Rt.	# 2, E	30x # 22	1	YES [NO 1
	NAME OF DECEASED (Type or print)		st aggie	Middle	en	Lost Burns	4. DATE OF DEATH	Mon Jun		Doy 2,	Year 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARE	RIED B	DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YE		IDER 24 HRS
	Female	White	WIDOWED	DIVOR	CED 🔲	May 9, 188	31	last birthdoy) 5 yrs.	Months Do	ys Hou	rs Min.
IDo	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OF	?	11. BIRTHPLACE (County		eign country)		N OF WHAT	
duri	Housew	life, even if retired)		oustry yn Home		T _A	Test Vi	irginia	COUNT	KI? U.	S.A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Robert All	en Hart	sell		Mary Neff					
IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO). 17. II	NFORMANT	(Seli	P) Addr	ess		. 11
(76	no, or unknown)	(If yes give wor or dotes o	or service)	none	100	Maggie Ell	en Bur	rns			
	Conditions, if any rise to immediat stating the underlast.	, which gove e couse (0), rlying couse	TO (b) // TO (c)	rterio	scler	otic Ca	rdio	Varsen	an Dise	19. WAS A	Lukio
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONI KIBUTING T	O DEATH BUT NOT	KELATED TO T	HE TERMINAL DISEASE COM	ADITION GIVEN	IN PAKI I(0)		PERFO YES	RMED?
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in	Port I or Port	II of item 1B.)			
MEDICAL	20c. TIME OF INJU Hour o.r p.i	10	20d. IN While of work	JURY OCCURRED Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(County)	(Stote)
	saw the d		pital) attend	led the decease	ed from 🟒 , and that	May 20 , 1 death accurred at	966, to	from causes	12 19 60 and an the	, thot (I) date sta) (we) la ted abov
	220. SIGNATURE	but,	4.	Tighton	M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED	66
	22c. PHYSICIAN'S NAME (Type	Dr. Herbe	ert H. i	Leighton		22d. ADDRESS Oakland	d, Mar	yl.and			
230	BURIAL, CREMATIC REMOVAL (Specify	1 - 1	EREOF 66	23c. NAME OF C				ation (City or To		unty) • Va	(Stote)
24	FUNERAL DIRECTO		. 0	ADDRESS Oakland		2So. REC'I	BY REGISTRA	AR 2Sb. R	EGISTRAR'S SIGN	ATURE	ge

executed within 24 hours after deoth. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be Page 4 may be retained by the hospitol or ottending physician.

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The state of

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

771 71	
CERTIFICATE OF DEATH	

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	LACE OF DEATH					2. USUAL RESIDENCE (V			tion: Residen	ce before	e admissio	in)
0.	county Gal	rrett		MARYL	AND	o. STATE Mary	Land	1 0.000	NTY Gar	ret	t	
Ъ.	CITY OR TOWN (I	If autside carparate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou	tside corpo	rate limits, write RU	RAL and give	nearest	town)	
		give nearest tawn)	7.00	07		C	7.7	7/17		11	1	
1	Grants	AL OR INSTITUTION (If not in h	namikal a	23 yrs.		Grantsvi	LLe	, Md		1/-	e. IS RESID	FNCE
a.	NAME OF HOSPIN	AL OK INSTITUTION (IT NOT IN I	ospiiai, g	ive street dodress)	78.7	d. SIKEEL ADDRESS					ON A FA	ARM?
											YES 📗	NO 🔼
	AME OF ECEASED	First		Middle		Last	4. DATE	Man	th	Day	Yeo	31
(1	ype ar print)	CLARENCE		EDWARD	GL	OTFELTY	OF DEAT	H June	3	0	19 (56
S. SI	X	6. COLOR OR RACE 7. N	ARRIED	NEVER MARRIED	B.	DATE OF BIRTH	3	9. AGE (In years	IF UNDER		IF UNDER	
	M	Ww	IDOWED	DIVORCED	DD	ec. 18,18	86	Jast birthday)	Months	Doys	Hours	Min.
10a. l	USUAL OCCUPATION	(Give kind of work done	10b. KII	ND OF BUSINESS OR		11. BIRTHPLACE (County			12. CIT	IZEN OF	WHAT	
		life even if retired tire		DUSTRY		Salisbur			TTCO	UNTRY ?		
_		roun, mentre	T De	JIII.		14. MOTHER'S MAIDEN N	<u> </u>	. a.	10.	S.A	. •	
13.	FATHER'S NAME	17: 07 10			26							
		lliam Glotf	-	<u> </u>	4	Anna	Mae					
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? ((If yes give war or dotes af serv		SOCIAL SECURITY NO.	17. IN	IFORMANT		Addr	ess			
	no	(1) Aez dise son oi goiez ai zeis	(6)		Mr	s. Beulah	Kir	nsinger.	Gran	tsv	ille	e . Md
T	IR CAUSE OF DE	ATH (Enter anly one cause pe	line far	(a), (b), and (c),)	1000						RVAL BET	
		TH WAS CAUSED BY:		tastati			-				SET AND D	
	1791	IMMEDIATE CAUSE (o) DUE TO	1112	in ask in		·				0.7	100,10	V1.0
	Conditions, if any,	which agus >	D		311		1.			2		
	rise to immediat	e rause (a)	10	mary c	asc	enema o	71	lener		1	Jean	77
	stating the under						0					
	lost.	(c) _										
z	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING T	O DEATH BUT NOT RELA	TED TO TI	HE TERMINAL DISEASE CON	ADITION GI	VEN IN PART 1(o)		19.	WAS AUTO PERFORM	
ATIC										YE		NO 🖂
	20a. ACCIDENT WAS		20b. DES	SCRIBE HOW INJURY OCC	CURRED. (enter noture of injury in	Part I or P	art II of item 1B.)	1000	7/11		
8		CAUSE OF DEATH MEDICAL EXAMINER)										
3		JRY Month, Day, Yeor	20d. IN	JURY OCCURRED	20e. PLAC	OF INJURY (Hame, farm	20f.	(City or tawn)	· (Cau	unty)	(State)
VEO!	Hour o.r	n.	While	Nat While		ry, street, office bldg., etc.)						
	p.r		at work				0 (/		72 2 10	1/ 11	. (1) (<u> </u>
		fy that (I) (this hospital) attend	ded the deceased t	rom	une!	966,	10 June	<u>30, 191</u>	66, Th	01 (1) (we) lasi
		eceosed alive on	ne	<u> </u>	nd that	deoth occurred at		M, from causes				obove.
	22a. SIGNATURE	- 0 · V	1+			ATTENDING	MED.	STAFF -	22b. D/	ATE SIGN	ED	
	4	, Jarge &	w	ong	M.D	PHYS.	DIRECTOR		1 7	1/16	.6	
34	22c. PHYSICIAN'S		SMI	RONG		22d. ADDRESS	+ 037	ille, Ma		- 1		
-	NAME (Type) A. IAIUD	DII	TOTAG		G1. 911	LUSV.	rite, III	L. e			
	BURIAL, CREMATIC			23c. NAME OF CEMET				LOCATION (City or To		(Caunty)		tate)
	REMOVAL (Specify	7/3/66		Grants	svil	le	Gran	ntsville	e, Gar	ret	t C	o.Md
	FUNERAL DIRECTO			ADDRESS		25a. REC'E			EGISTRAR'S S			
1	12 Och	1117-11 11	Gr	antsville	M.		1111	6 1966	och			dge
. A.	M.1.1.	ell of the	Cr ale C		7	DAIL	JUL	() 1000	1	100	VA	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08466 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution residence admission) o. COUNTY b. COUNTY Garrett Maryland of MARYLAND b. CITY OR TOWN (If outside corporate limits, Rurite RURAL and give negrest town) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b life Rural Grantsville, Md, d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with farm hours YES K NO This certificate should be executed within 24 hours ofter death. 3. NAME OF Middle Last 4. DATE Month Year within 72 DECEASED SAMUEL SILAS. HARE June 19th. 19 66 (Type or print) DEATH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS (ast birthdoy) Haurs July 10,1938 WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired hey Watehouseman COUNTRY? Garrett Co. Md. ecute the certificote, writing the word "pending" in pencil in Poge 4 shauld be farworded to the Chief Medicol Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Sherman Hare Etta Bittinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. grunknown) (If yes give war or dotes of service) 3232-20-5535 Sherman Hare, Grantsville, RD, Md. remavol 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured heart INTERVAL BETWEEN Sudden DEATH used as a burial-trans burial, cremation, or DUE TO Conditions, if any, which gave (b) Rifle shot of chest Sudden rise to immediate couse (a), DUF TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 5 moy be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 should be usefulth or its designoted agent, prior to YES X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. While hunting, patient shot in chest. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) Midel factory, street, affice bldg., etc.)
Farm Not While While of work Not While (Rural) Grantsville Garr. 1966 p.m. 6-19 21. I certify that I taak charge of the remains described above, held an Autapsy [x], Inquiry X, and in my apinion Inspection X, death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-20-66 DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county Pakland, Md. James H. Feaster, Jr., M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Grantsville, Garrett Co. Grantsville 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUMERAL DIRECTOR VR A15ME (5) Gfantsville, Md. momon

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH should funer 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) .. COUNTGarrett L COUNTY \$ 7 t maryland MARYLAND Carrett by th deat b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) 24 Rural- Kitzmiller 5 69Yrs Rural- Kitzmiller filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Peerless papers. n 72 hou completely NO Peerless YES 3. NAME OF Middle 4. DATE Month Day DECEASED within (Type or print) ASRITRY DEATH HARVEY JUNE 19 66 Carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Bud last birthday) Male Months certificate May 22.1897 WIDOWED [DIVORCED T physician 10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. RIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Retired Miner Coal mines Kitzmiller, Md U.S.A. please 13. FATHER'S NAME attending William Wesley Birdie Harvev Blanche Wilson removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no or unkown) (Ifyes give war or dates of service) -01-6610 Mary E. Harvey, Star Rt. Kitzmiller, 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). INTERVAL BETWEEN ò ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed IMMEDIATE CAUSE (e burial-transit DUE TO attending been Conditions, if eny, which geve rise to immediate cause DUF TO (a), steting the underlying the ceuse lest. PHYSICIAN: 6 certificate hospital as of PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? use prior NO C for 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 1B.) the Health OR CONTRIBUTING TI CAUSE OF DEATH defached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 1 (State) Month, Day, Year 20f. (City or town) (County) retained ö factory, street, office bldg., etc.) While Hour a.m. Not While DIRECTOR: Dept. at work at work p.m. pe 21. I certify that (I) (this hospital) attended the deceased from.... should saw the deceased alive on. 19.66 and that death occurred 10:30 From the causes and on the date stated above. 22e. SIGNATURE DATE MED. STAFF SIGNED HOSPITAL FUNERAL page DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S filed v Ralph Calandrella death. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Dig T BEMOYAL (Specify) June 6/66 Garrett Co. Memorial Gardens- Oakland, Md. 254 PAY DEST REGISTED 256 PENETRAL SIGNALING 24_FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Blaine, W. Va. Kitzmiller.Md

MARYLAND STATE DEPARTMENT OF HEALTH

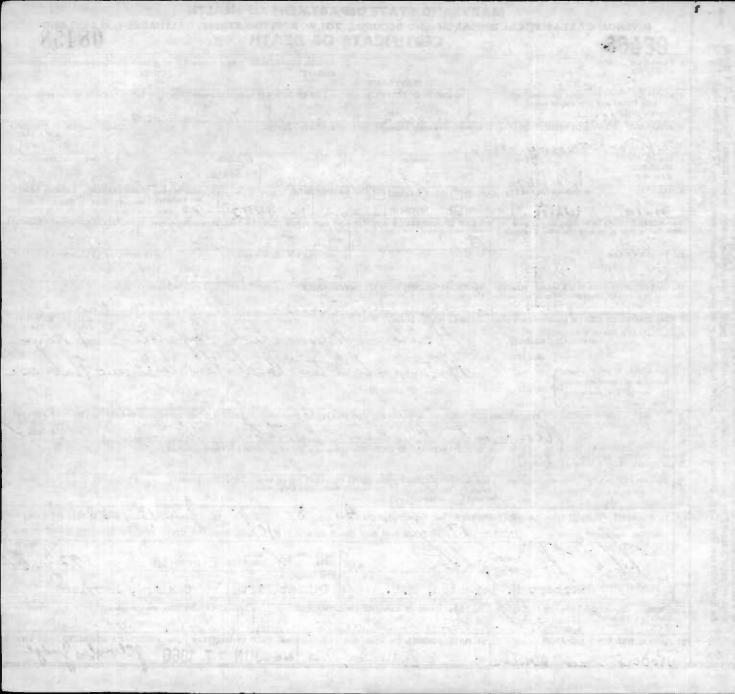
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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OLCO 007.00

_	00400	CERTIFICA	E OI DEAIL		00300
1.	PLACE OF DEATH		2. USUAL RESIDENC	E (Whare daceased lived, If institution	on: Rasidance before edmission)
	a. COUNTY		e. STATE	b. COUNTY	1
_	GARRETT	MARYLAND	Mid	GARRET	<i>t</i>
	b. CITY OR TOWN (if outside corporata limits, writa RURAL and give naarast town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside corporete limits, write RURAL	end give nearest town)
	M.VI.	7 2 # 2	SL. DL	K: t- 1/0	11 1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not In hosp	ital give street address	d. STREET ADDRESS	MIZMITTER	• IS RESIDENCE
	- 1 Contract of the strike of the strike the first the first the strike of the strike	ital, giva siteal eduless)	d. STREET ADDRESS		ON A FARM?
(DAK Rest Mursing Home	2			YES NO
3.	NAME OF DECEASED	Middla	Last	4. DATE Month	Day Year
	(Typa or print)	+ /	mcP-1!	OF DEATH	19 1966
5	SEX 6. COLOR OR RACE 7 MADDIED	1AY10r	DATE OF BIRTH	9. AGE (In years IF UND	
1 .	7. MARRIED		DATE OF BIRTH	last birthday) Month	
	MALE White WIDOWED	DIVORCED	Aug. 16 18	192 73 yrs.	
	. USUAL OCCUPATION (Give kind of work 10b. KI)	D OF BUSINESS OR INDUSTR	Y BIRTHPLACE (Count	y & Stata, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
a	ona during most of working tifa, aven if retirad)	/	TO TO	1. 111	1101
12	FATHER'S NAME	041	Deer JAKA	////	USA
13	TAITLE S NAME	ALTERNATIVE SE	14. MOTHER'S MAIDEN N	AWE	
	Joseph The Robie		Frances	Hischaugh	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. I	NFORMANT	Address	
(4)	as, no, or unkown) (Ifyasgivewerordafasofservice)	7 01 1/0/7 7	- MM PI'	DE DE VIT	· 11 You
=	770	3-01-706310	r. //chobie	3/Ar /[[. /] / 27	INTERVAL BETWEEN
	18. CAUSE OF DEATH [Entar only one causa par lir	e for (a) (b), and (c).	-201	1-111	ONSET AND DEATH
10	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Houle	Musecarde	ial Infarel	1 hour
	4201 DUE TO	1	10 1 n	1:16 00	
	C400- 7 1115	A+ 1	1:11	Linker latte	71. h.
	Conditions, if any, which gava risa to immadiata causa (b)	presence	no as con	er farence Vu	are functions
	(a), stating the undarlying DUE TO				
	causa last. (c)				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN P	
CERTIFICATION	R	F P 0.0	- NA	1/2 .	YES NO W
5	20a. ACCIDENT WAS UNDERLYING [] 20b. DESC	yeur	· Cymr	or premia	113 L 110 F
E	OR CONTRIBUTING [] CAUSE OF DEATH	CRIBE HOW INTURY OCCURRE	O. (Entar natelife of injury in	Part I or Part II of itam 18-)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. It		CE OF INJURY (Homa, farm,		County) (Stata)
0	Hour a.m. Whila at work		ory, streat, offica bldg., etc.)		
2	p.m. 19 at work	□ ai wolk □	1. 0	10 1 10	11
	21. I certify that (I) (this hospital) attend	ed the deceased from A	749.0, 1	1960, to June 19 ,	196.4 that (I) (we) last
	saw the deceased alive on June	19. (e.G., and that	death occurred at .Q.	AM, from the causes and or	the date stated above.
	220. SJON JURE	//			22b. DATE
			Laure III m	RED. STAFF	22 SIGNED
	22c. OHYSICIAN'S	lor M.	22d. ADDRESS	INTECION LI FITTS: LI	~ jem 00
-	NIAME (True)	hton M D	Oak at Fi	fth Oakland	Managland
	merbero m. Dere	hton, M.D.	Van at F1	fth Oakland,	rar yrano
23	B. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
-	REMOVAL (Specify)	TASKEN CE	2 atoni	Windox 7	ay 1
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	7 250 DEC	D BY REGISTRAR 256. REGISTRAL	P'S SIGNATURE
24	DO DOWN O AM	N1.74 - 11	my 1	WIN whom MI	ionly Judge
	Nobert Kylo Prille ts.	Kity miller	1114 DATE	IUN 27 1966	- Land
_		17			



COUNTRY? Margaret Ann Cuppett Mrs. Lois Sines, Friendsville, Md. INTERVAL BETWEEN HOUSET AND DEATH Years 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (City or town) (County) (Stote) Inquiry X and in my apinian the funeral directar. Undetermined manner 22. DATE SIGNED may be re FUNERAL (6-7-66 DEPUTY MEDICAL EXAMINER X Health ar EXAMINER'S Address (Street, city, town, or county) Oakland, Maryland James H. Feaster, Jr., M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Tawn) (County) 50 REMOVAL (Specify) Friendsville, Garrett, Md. Riley Cemetery 10/66 24. FUNERAL DIRECTOR 25g. REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ATSME (5) Grantsville, Md. 6M 1/66

e IS RESIDENCE ON A FARM?

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12 CITIZEN OF WHAT

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MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE 1, MARYLAND

DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, I
8470	CERTIFICATE OF DEATH

n GARD

	00390							00300
1.	PLACE OF DEAT	H		2. USUAL RESIDEN	CE (Where decea		lution: Residen	ce before admission
1		arrett	MARYLAND	a. STATE Mar	yland	b. COUNTY	Garre	tt
	b. CITY OR TOWN	(if outside corporale limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsida corporal	la limits, writa RUI	RAL and give	nearest lown)
-	Deer P	d give nearest town)	30 vrs.	Deer	Park			1/2 /
		ITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS				. IS RESIDENC
_								YES NO
3.	NAME OF DECEASED (Type or print)	CLARENCE	FRANK	ROLLMAN	4. DATE OF DEATH	June	8 ₉	19 66
5.	Male	6. COLOR OR RACE 7. MARRI		ov. 5. 189	la la	GE (in years IF Unit Mo	onths Days	Hours Min.
10 d	a. USUAL OCCUPA one during most of w Merch	orking lifa, even if retired)	n. Mdse.	"(Mitterat" Elk Garde	"County n. W.Vs	7	12. CITIZEN O	F WHAT COUNTR
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	Freder	ick Rollman		Mary Pi	lgram	7.7		
		VER IN U.S. ARMED FORCES? 16 (If yes give wer or detes of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address	(Widow	. ,
,	No		0-34-1334 Mr	s. C.F. Ro	llman,	Deer Pa	ark, N	1d.
		DEATH Enter only one couse po	line for (a), (b), and (c).]	1	7		(O)	TERVAL BETWEEN
	PARI I. DEA	TH WAS CAUSED BY:	remon	aleses			8	'ulo-
	1530	DUE TO D		R+	NO		1	Comme
	Conditions, if en	199	remorn	9/11	le con	V	/0	WVV J
	(a), steting the	DUE TO						
	cause last.) (c)						
ATION	PART II. OTH	ER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN I		PERFORMED?
CERTIFICATION	OR CONTRIBUTING	VAS UNDERLYING [] 20b. DE G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED). (Enter nature of injury in	Part I or Pert II of	item 1B.)	1	
MEDICAL	20c. TIME OF INJ Hour a.m.		leNot While fec	ACE OF INJURY (Home, farr tory, street, office bldg., etc		town)	(County)	(Stete)
		that (I) (this hospital) atterased alive on June 8,						that (I) (we) la
	220. SIGNATURE	0/1				100000000000000000000000000000000000000		22b. DATE
	-Ce	1 War	ice, "		MED. DIRECTOR	PHYS.	9	faula
	22c. PHYSICIAN' NAME (Typ		e. M.D.		nd, Mar	ryland	/	
23	Ba, BURIAL, CREMA REMOVAL (Specif Burial	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATI	ON (City, town e		(Stete)
2	FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS -			AR 256. REGIST	RAR'S SIGNA	
J	ohn O. I	burst. Oaklan	d. Maryland	JUN	13 196	6 galo	veles Je	edges

TO HOSPITAL IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after death. Page by be retained by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. Adding the funeral director, page 3 should be detached for use as the burial-transit permit. Then please I move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR At5

41.14 ALEGER OF THE Chamil There are said of the said and and and CABILLIO SEL SEL SEL CONTROL DE LA CONTROL D ashes the contract of the second seco 16 25 18 18 1 7 7 ... and the state of t ກັດສະພາສາ ເປັນຄົນສາ ສາຄະຊານ . ແລະ . ພະນາ . ປັນເຂົ້າໄດ້ ມີຄົນແລະ ກ່ອນກ່ອນ Tobe D. Desci, Jaken, Cherland , Joseph Joseph

death. Page by retained by the hospital or attending physician.

TO FUNERA INECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then bless remove carbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or remove, and with the State Dept. of Health prior to burial, cremation, or remove, and within 72 hours after death.

VR A15 (4) 15M 7-62

0.1	MARYLAND STATE DEPARTMENT
	DIVISION OF STATISTICAL DESPARCH AND RECORDS, 301 W. PRES

OF HEALTH STON STREET, BALTIMORE 1, MARYLAND () 846108471 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENC	CE (Where d			oa befora a	dmission)
Gari	rett	MARYLAND	». STATE Mary	land	b. COUN	Garret.i	-	
b. CITY OR TOWN (if outsi		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		porate limits, write	The latest	neerest tow	(n)
write RURAL and give		3 wks	Oakl a	500		1	1 1	
		hospitel, give street address)	d. STREET ADDRESS	allu		//		ESIDENCE
Cummat	+ Maalra M	ann dan m. Ham-	3.03		3 61		YES	A FARM?
NAME OF	First	ursing Home Middle	Lest	4. DATE	d St.	Day	Yaa	
DECEASED (Type or print)				OF DEATH		52.00		
	Ida	Rose	Root		Jui			56 24 NBS
5. SEX 6. C	OLOR OR RACE 7. MAR	RIED NEVER MARRIED B	DATE OF BIRTH		last birthday)	Months Days	Hours	Min.
Female			an. 11, 188	34	82 yrs.			
10a. USUAL OCCUPATION (of dona during most of working)	Give kind of work 10b	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	ly & State, or	foreign country)	12. CITIZEN C	OF WHAT	COUNTRY?
housewife		Own Home	Oakland.	Mary	land	USA		
3. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME				
Charl	Les F. Daw	ann		Н	elena S	Soaltan		
		16. SOCIAL SECURITY NO. 17. 1	NFORMANT	11	Address			
(Yes, no, or unkown) (Ifyesgi	vawerer detes of service)	n.	A 7.7 T - 1		-17- 7	25. 2		
no 214-	-05-0504 1		bert W. Lol	ar U	akland,		TERVAL BE	TWEEN
PART I. DEATH WA		er line for (a), (b), end (c).]	0.	-			NSET AND	
	DIATE CAUSE (e)	experio so	lerase	1			70-1	29
4500	DUE TO							-
Conditions, if eny, wh	ich) (b)							
gave rise to immediate ce	PULL TO			5.477				
(e), steting the underly couse last.	ring							
	HEICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY
PART II. OTHER SIGNO							YES -	NO T
5		TOTAL THE STATE OF	/F	Don't Lon Don't	H of item 10)		152	но П
OR CONTRIBUTING	AUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in a	ren I or ren	II of item 18.)			
	CAL EXAMINER)							
20c. TIME OF INJURY Hour a.m.			CE OF INJURY (Home, ferm ory, street, office bldg., etc.	2Df. (Ci	ty or town)	(County)		(Stata)
Hour a.m.		hile Not While tect	ory, shoul, office brage, are.	1				
		ended the deceased from.	4/23	1966 10	9/16/6	6 , 19,	that (I)	(we) last
	Enla	16 (=19, and that						
saw the deceased a	alive on	, and that	death occurred at	M, IFOR	u lile causes o	and on me de		DATE
22a. SIGNATURE	71.			KED.	STAFF		51	SIGNED
166.	/war	rel "	.D	DIRECTOR	PHYS.		que	recet
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS					
23a, BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or county)	(Steta)
REMOVAL (Specify) Burial	6/7/66	Oakland Ce	metery	Oa	kland	Mary	yland	1
24 FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	2Se. REC	'D BY REGI	STRAR 256. RE	GISTRAR'S SIGNA	ATURE	-11-1-
U DAN	Manni	6 Oakland. M	arvland	13 1	966 gc	liarles Q	udge.	
Jeraca).	UI VVIVIU	OGATAIIG, M	T A Tallor-9011	101	000	1	0	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 08472 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission a COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F Garrett County Memorial Hospital 3. NAME OF Middle 4. DATE Last Month Day Year DECEASED OF 19 66 Rov June 76 (Type ar print) Monence DEATH IF UNDER 1 YEAR IF LINDER 24 HRS. S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED Female. 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired)
Housewire INDUSTRY COUNTRY? Home Greenhirar, W. Va. America 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Wolford. Rebecc. Howard Ervin Roy 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) ((If yes give war ar dates af service) Hetsel Bayard. W. Va. none Rov INTERVAL BETWEEN ONSET, AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this haspital) attended the deceased fram. May 76, 1966, to June 16, 1966, that (1) (we) last June 16 1966, and that death accurred at 2054 M, fram causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Oakland, Maryland Grant NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Bayard Cemetery 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb.

24 hours after deoth funerol 1 ond 2 ter death offer by the f Poges filled in by the popers. Poge hin 72 hours o filled i event, within the death certificate be executed within move carbon Pulo physion cremotion, or removol. permit. signed by the buriol-tronsit puriol, cremotic The law requires that O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospitol or ottending physicion. has been the priar to 00 for use Health O FUNERAL DIRECTOR: After this certificate detoched f director, page 3 should be filed

VR A15 (4)

11. BREIT TO MULTINA THE PROPERTY OF THE PROPERTY MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, or moval, and in any event, within 72 hours after death.

	00सर	0		CERTI	FICALE	OF DEATH				1184	63
	PLACE OF DEATH o. COUNTY	GARRETT	O,	AKLAND	NA CONTRACTOR	2. USUAL RESIDENCE (V	Where deceose AND	ed lived, if instituti b. COUN	ion: Residence	pefore o	idmission)
	b. CITY OR TOWN (If autside carparate limit	s, c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	tside carparat	te limits, write RUF	RAL and give	nearest to	awn)
	Write KUKAL dh	d give nearest town)	LAND, Ma	nos &1.0	DAYS	OAKLAN	D. Md.			11-1	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	at in haspital, give	street address)		d. STREET ADDRESS					IS RESIDENCE
	GARRETT	CO. MEMORI	AL HOSPI	TAL		ROUTE # 2	BOX	# 273 A			ON A FARM?
	NAME OF	Fi	rst	Middle		Lost	4. DATE	Mant	h	Day	Year
	DECEASED (Type or print)	NOR	A	FRANCES		SNYDER	OF DEATH	JUN	E	26	19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED 8	. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1		UNDER 24 HRS.
	FEMALE	WHITE	WIDOWED X	DIVORCE	ED 🔲	9-9-78		last birthday)	Months	Doys	Haurs Min.
10a dur		N (Give kind af wark done	10b. KIND (INDUST Hous	OF BUSINESS OR IRY		11. PREHIPLAGE TOWNY		eign cauntry)		ZEN OF W	U.S.A.
_	FATHER'S NAME	JAMES FLEM				14. MOTHER'S MAIDEN MARY Ca	theri	ne Cles	aver		
15.	WAS DECEASED EVE	PINILS APMED FORCESS	1705 91	AL SECURITY NO.	17. 11	NFORMANT		Addre	ess		No. of the last
(Ye	es, na, or unknown)	(If yes give war or dates	1 service) 219-	-14-605	8	(SON)	ALBERS	r SNYDER	. OAK	LAND	, Md.
	18. CAUSE OF DEA	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	(a)		nia					INTERV	AND DEATH
	Conditions, if ony		(b) Co	nger	live	Heart	Fa	ilure		2,	month
	stoting the unde		10 (c) A	rterio-	rele	rotic Car	dire	Varoula	Dis	ella	known
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN	N IN PART 1(a)		19. WA	AS AUTOPSY REORMED?
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY	OCCURRED. (Enter nature of injury in I	Port I ar Part	II of item 18.)			
MEDICAL	20c. TIME OF INJ Hour a.i	10	20d. INJUR While of wark	Y OCCURRED Not While at work		E OF INJURY (Home, farm ory, street, affice bldg., etc.)		(City or town)	(Cour	nty)	(State)
	saw the d		pital) attended	the deceased	fram and that	death accurred at	9 6 3to	Jun 2 , Ham causes	6 , 19 6 and an th	e date	(I) (we) las stated abav
	220. SIGNATURE	it fi	Light	lon	M.D	. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DAT	TE SIGNAD	me 66
	22s PHYSICIAN'S NAME (Type		LEIGHTO	N MD.		22d. ADDRESS Oak 18	and,	Marylar	nd t		
230	BURIAL, CREMATIC	ON, 23b. DATE TH		Sc. NAME OF CEN		REMATORY s Cometer		CATION (City or To		County)	(Stote)
	. FUNERAL DIRECTO		1	ADDRESS	2 2 115		BY REGISTR	AR 2Sb. RE	GISTRAR'S SIC	GNATURE	
	7101	m C	kland,	Maryla	nd		IN 29	/	Mary		udge

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ME	DICAL EXAMINER'S	CERTIFICATE OF	DEATH	08465
PLACE OF DEATH O. COUNTY				ion: Residence before odmission)
Garrett	MARYLAND	o. STATE Penna	b. COU	Greene /
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		de corporote limits, write RUF	
write RURAL ond give negrest town) Oakland	Minutes	Wayne	sburg	75.3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	l, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
(DOA) Garrett Co. Mem	orial Hospita	1 Rt. 2	Box 86	YES NO-E
3. NAME OF First	Middle		. DATE Mont	h Day Year
DECEASED (Type or print) Curtis	Eli T	aylor	of DEATH June	12th. 1966
S. SEX 6. COLOR OR RACE 7. MARRII	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW	D DIVORCED	June 11, 18	893 (ast birthdoy) 73 yrs.	Months Doys Hours Min.
	KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or		12. CITIZEN OF WHAT
Veteran	Army	Silver Hi	11, W. Va.	COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME .	
Thomas Taylor	3	Charlo	tte Custer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT	see Addre	255 #2
(Yes, no, or unknown) (If yes give wor or dotes of service)	00-36-8181 Mi	rs. Ruth Ta	vlor abo	ve
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse (b).	ronary thromb			INTERVAL BETWEEN ONSET AND DEATH MINUTES
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
2Do. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Yeor Hour o.m.	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	t I or Port II of item 1B.)	
2Dc. TIME OF INJURY Month, Day, Yeor Hour o.m. Who to the p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I took charge of the	emoins described above, he	ld an Autopsy 🗍.	Inspection 🔀 Inqu	piry 🛣 , and in my opinion
	Actident , Suic	CHIEF MEDICAL EXA M.D. ASSISTANT MEDICAL DEPUTY MEDICAL E	, Undetermined m AMINER L EXAMINER XAMINER XA	
230. BURIAL CREMATION, REMOVAL (Specify) 6/15/66	23c. NAME OF CEMETERY OR Greene Co. Me	em. Park	23d. LOCATION (City or Too Greene Co.	, , , , , , , , , , , , , , , , , , , ,
24. FUNERAL DIRECTOR Minnich	ADDRESS Oakland, Mar	2So. REC'D BY	Y REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66

Health or its designoted agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death

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	DIVISION OF	MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	08476	CERTIFICATE OF DEATH 08466
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admls

1.	PLACE OF DEATH a. COUNTY Garrett MARYLANO			NO a. S	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) L'ILENGTH OF STAY IN 1b L'ILENGTH OF STAY IN 1b				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendsville. Md.					
1	d. NAME OF HOS	SPITAL OR INSTITUTI	DN (if not in h	ospital, give street add	d. STRE	ET ADDRESS				IS RESIDENCE ON A FARM?
8.	NAME OF DECEASED (Type or print)	SAM	irst UEL	Middle	VANSICI		4. DATE OF DEATH JU	Month n.e.	Day	Year 1956
5.	SEX M	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIEO		23,188	9. AGE (UNDER 1 YEAR	IF UNDER 24 HRS. Hours Min.
aui	Ret	ing life, even if retire	(b)	IND OF BUSINESS OR VOUSTRY	11. BIR	THPLACE (Coun	ity & State, or forei	gn country)	12. CITIZEN COUNTRY	?
13	. FATHER'S NAM				14. MO	THER'S MAIDEN	NAME		THE ST	
		orge Van					n Sisle	r		NID: A
(Ye	. WAS OECEASED E	EVER IN U.S. ARMED FO (If yes give war or dates)	ORCES? 16. of service)	SOCIAL SECURITY NO.	17. INFORMAT			Address	U 2 V	
	no					race Va	anSickl	e,Fri	endsvi	lle,Md
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congletive Sleast Failure OUE TO Cenditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO OUE TO								RVAL BETWEEN T AND DEATH	
N	underlying cause last. (c) Chronic Brain Syndrome									
CERTIFICATION				TING TO DEATH BUT NOT	RELATEO TO THI	E TERMINAL DIS	EASE CONDITION	GIVEN IN PAR	T1(a) 19.	WAS AUTOPSY PERFORMED?
MEDICAL	20c. TIME OF I Hour a.m p.n		Year 20d. If While at work	MOT AMILIE	. PLACE OF INJU factory, street, o	JRY (Home, farm office bldg., etc.)	20f. (City or	town)	(County)	(State)
	21. I certify that (I) (this hospital) attended the deceased from 710-14, 1966, to great 19, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 1966, M, from the causes and on the date stated above.									
	22a. SIGNATURE ATTENDING MED. OIRECTOR DATE SIGNED 22b. OATE SIGNED ATTENDING MED. OIRECTOR PHYS. DATE SIGNED 22c. PHYSICIAN'S L22d. ADDRESS									
	NAME, (T	PERCOLD O.	Kamor	VS MP	220.	narple	e, shur	9.Pa		
23a	REMOVAL (Spe	ATION, 23b. OATE	THEREOF	Bloomin		ATORY	(/	(City, town		(State)
24	FUNERAL DIRE	Newmy		AOORESS Grantsvil		25a LAS'D DATE	14 1966	25b REGIS	strar's signa	TURE

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TWO IN THE STREET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Garrett Maryland Garrett MARYLAND 22 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
t. Lake Park mos. Rural - Deer Park e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? 1.08 Roanoke Avenue Route YES NO Box 3. NAME OF Middle DATE Month Day DECEASED OF DELORES JUNE (Type or print) WITHHIT W DEATH June 19 66 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED IF UNDER 24 HRS. lest birthday) Months | Days Hours Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ease remove done during most of working life, even if retired) Housewife Own home Crellin, Garr.Co., Md. 13. FATHER'S NAME affending Harry Kisner Thelma Lowdermilk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Husband) 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or dates of service) Austin Wilhelm. Rt 1. Deer Park. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), ONSET AND DEATH are inoma PART I. DEATH WAS CAUSED BY: ear IMMEDIATE CAUSE (e) DUE TO of the Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 1965 to June 12., 1966, that (I) (we) last 1966 and that death occurred 2:30 MP to M the causes and on the date stated above. saw the deceased alive on June 22a. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 1966 M.D. 22c. Physician's NAME (Type) Herbert 22d. ADDRESS leath. Page Leighton, M.D. Odr land, Maryland H. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF OFB Deer Park Cemetery Deer Park. Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) na

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